| DATENT | ADDI | ICATION | EEE | <b>DETERMINATION</b> | RECORD |
|--------|------|---------|-----|----------------------|--------|
| PAIENI | APPL | JUATION | FEE | DETERMINATION        | NECOND |

Effective October 1, 2001

Application or Docket Number

10067789

| CLAIMS AS FILED - PART (Column 1)   |             |   | (Column 2)  |                      | SMALL ENTITY TYPE               |                  | OTHER THAN OR SMALL ENTITY |                   |                        |                     |                     |                        |
|---|-------------|---|-------------|----------------------|---------------------------------|------------------|----------------------------|-------------------|------------------------|---------------------|---------------------|------------------------|
| TOTAL CLAIMS  |             | 27  |             |                      |                                 |                  | RATE                       | FEE               |                        | RATE                | FEE                 |                        |
| FOR   |             | NUMBER FILED                              |             | NUMBER EXTRA         |                                 | ВА               | SIC FEE                    | 370.00            | OR                     | BASIC FEE           | 740.00              |                        |
| TOTAL CHARGEABLE CLAIMS   |             | 27 minus 20=                              |             | . 7                  |                                 | 5                | <b>(\$ 9=</b>              |                   | OR                     | X\$18=              |                     |                        |
| INDEPENDENT CLAIMS  |             |   | 5 minus 3 = |                      | · v                             |                  |                            | X42=              |                        | OR                  | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |             |                      | T,                              | 140=             |                            | OR                | +280=                  |                     |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |             |   |             |                      |                                 | OTAL             |                            | OR                | TOTAL                  |                     |                     |                        |
| CLAIMS AS AMENDED - PART II   |             |   |             |                      |                                 |                  |                            | <u> </u>          | 1                      | OTHER               |                     |                        |
| (Column 1) (Column 2) (Column 3)  |             |   |             |                      |                                 |                  | S                          | MALL              | ENTITY                 | OR                  | SMALL               |                        |
| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUN<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA | F                          | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total       | . 27                                      | Minus       | ** <                 | 27                              | = <i>U</i>       | )                          | <b>(</b> \$ 9=    |                        | OR                  | X\$18=              |                        |
| AME   | Independent | · 5                                       | Minus       | *** (                | J                               | = 0              |                            | X42=              |                        | OR                  | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |             |   |             |                      |                                 |                  | +                          | 140=.             |                        | OR                  | +280=               | •                      |
| 28.02   |             |   |             |                      |                                 | ADI              | TOTAL<br>DIT. FEE          |                   | OR                     | TOTAL<br>ADDIT. FEE |                     |                        |
| 0   |             | (Column 1)                                |             | (Colu                | mn 2)                           | (Column 3)       |                            |                   |                        |                     |                     |                        |
| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUM<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | F                          | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| N N   | Total       | - 97                                      | Minus       |                      | M                               | =                | ,                          | <b>(\$</b> 9=     |                        | OR                  | X\$18=              |                        |
| AME   | Independent | . 5                                       | Minus       | ***                  | 5                               | -                | 7                          | X42=              |                        | OR                  | X84=                | ,                      |
|   | FIRST PRESE | NTATION OF M                              | ULTIPLE DEP | ENDEN                | CLAIM                           |                  | T                          | 140=              |                        | OR                  | +280=               |                        |
|   |             |   |             |                      |                                 |                  | ADI                        | TOTAL<br>DIT. FEE |                        | OR                  | TOTAL<br>ADDIT, FEE |                        |
|   |             | (Column 1)                                |             | (Colu                | ımn 2)                          | (Column 3)       |                            |                   |                        |                     |                     |                        |
| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | F                          | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total       | *   | Minus       | **                   |                                 | =                | ,                          | <b>K\$</b> 9=     |                        | OR                  | X\$18=              |                        |
| AME   | Independent | *<br>ENTATION OF M                        | Minus       | ***                  | IT CI AIM                       | -                |                            | X42=              |                        | OR                  | X84=                |                        |
|   | FIRST PRESE | INTATION OF M                             |             | CINDEN               | II CLAIM                        |                  | T                          | 140=              |                        | OR                  | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |             |   |             |                      |                                 |                  |                            | OR                | TOTAL<br>ADDIT. FEE    |                     |                     |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |             |   |             |                      |                                 |                  |                            |                   |                        |                     |                     |                        |